



## INFECTIOUS DISEASE TESTING

Laboratory Mailing Address: Univ. of Pittsburgh Dept. of Pathology  
Division of Molecular Diagnostics  
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**Division Office:** (412) 648-8519 **FAX:** (412) 383-9594

### Instructions:

1. Complete **all** information as requested. Type or print **clearly**.
2. Samples must be drawn in compliance with all applicable provisions of Act 148; The Confidentiality of HIV-Related Information Act.
3. Send a copy of the requisition form along with the specimen.
4. Specimens can be received Monday through Friday and must be received within 4 hours of collection **unless frozen**.

IMPRINT PATIENT IDENTIFICATION PLATE HERE

### Specimen Type and Requirements:

- Blood:** 3-5 ml ACD (yellow top) or EDTA (purple-top) tube. **DO NOT SEND COAGULATED BLOOD!**
- Tissue:** Biopsies - snap freeze and send on dry ice.
- CSF:** 1 ml, collected in a sterile tube and sent on wet ice.
- Amniotic Fluid:** 3 ml, collected in a sterile tube and sent on wet ice.
- Synovial Fluid:** 3 ml, collected in a sterile tube and sent on wet ice.
- Urine** 10 ml, collected in a sterile container and sent on wet ice.

### Sample Information:

Collection Date: \_\_\_\_\_ Collection Time: \_\_\_\_\_ Time Frozen: \_\_\_\_\_ ICD-9 Code: \_\_\_\_\_

### Patient Identification:

Name: \_\_\_\_\_ SS#: \_\_\_\_\_ Sex:  M  F Birth Date: \_\_\_\_\_

Ordering Facility: \_\_\_\_\_

Facility Address: \_\_\_\_\_ Phone: ( ) ( )

FAX: ( ) ( )

Requesting Physician Name (Required): \_\_\_\_\_

Physician Address: \_\_\_\_\_ Phone: ( ) ( )

FAX: ( ) ( )

Name of Person Responsible for Payment: \_\_\_\_\_ Phone: ( ) ( )

Billing Address: \_\_\_\_\_ FAX: ( ) ( )

Insurance Information: \_\_\_\_\_

### Please "X" Appropriate Test Request(s):

- Adenovirus, quantitative realtime PCR\*
- Bacterial strain identification (rRNA gene sequence analysis)^
- BK (Polyoma) virus, quantitative realtime PCR
- Cytomegalovirus (CMV), qualitative realtime PCR
- Epstein-Barr Virus (EBV), qualitative realtime PCR
- Hepatitis B Virus, PCR (This test is quantitative in plasma samples and qualitative in liver biopsy samples)
- Hepatitis C Virus, RT-PCR (This test is quantitative in plasma samples and qualitative in liver biopsy samples)
- Hepatitis C genotype
- Human Herpesvirus 6 (qHHV6) \* quantitative realtime PCR
- Herpes Simplex Virus (qHSV), Types 1 and 2, quantitative realtime PCR\*
  - Herpes Simplex Virus (qHSV), Type 1
  - Herpes Simplex Virus (qHSV), Type 2
- HIV-1, Quantitative RT-PCR (Viral Load) ultrasensitive (use purple-top EDTA tube)
- Human T-cell Leukemia Virus - Type I (HTLV-I), qualitative PCR
- Human T-cell Leukemia Virus - Type II (HTLV-II), qualitative PCR
- JC (Polyoma) virus, qualitative realtime PCR
- Varicella Zoster Virus (VZV), qualitative realtime PCR
- Other (Please list the test requested): \_\_\_\_\_
- Molecular Diagnostics consultation – includes review of patient records and follow-up written consultation report

\*Recently added

^ - Done in conjunction with Clinical Microbiology Laboratory